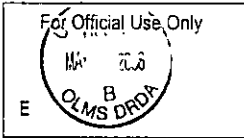


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>13496</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2005</u> Through: <u>12</u> / <u>31</u> / <u>2005</u>
3. Name and address of person filing. Name <u>Wiley</u> <u>G</u> <u>Zagajski</u> P.O. Box, Bldg., Room No., if any <u>Suite 220</u> Street <u>2333 N. lake Ave.</u> City <u>Altadena</u> State <u>California</u> ZIP Code + 4 <u>91001</u>	4. Name, file number, and address of labor organization. Name <u>Painters AFL-CIO Local Union #256</u> Labor Organization File Number <u>1031-146</u> P.O. Box, Building and Room Number, if any <u>Suite A</u> Street <u>7921 Western Ave</u> City <u>Buena Park</u> State <u>California</u> ZIP Code + 4 <u>90620</u>
5. Position in labor organization. <u>Financial Secretary</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ _____ _____ 7.b. Amount. _____ _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Wiley Zagajski</u>	On <u>105/04/2006</u> Date	<u>714-523-8445</u> Telephone Number

Name of Person Filing <u>Wiley Zagajeski</u>	File Number <u>U-</u>
--	-----------------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Southern California Painters & Dec., LMCC</u></p> <p>Trade Name, if any: <u>LMCC</u></p> <p>P.O. Box, Bldg., Room No., if any <u>Suite 220</u></p> <p>Street <u>2333 N. Lake Ave.,</u></p> <p>City <u>Altadena</u></p> <p>State <u>California</u> ZIP Code + 4 <u>91001</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input checked="" type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p>_____</p> <p>11.b. Approximate dollar value of such dealing. _____</p> <p>12.a. Nature of interest held or income received.</p> <p>_____</p> <p>12.b. Amount. _____</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u>Southern California Painters & Dec., LMCC</u></p> <p>Trade Name, if any: <u>LMCC</u></p> <p>P.O. Box, Bldg., Room No., if any <u>Suite 220</u></p> <p>Street <u>2333 N. Lake Ave.,</u></p> <p>City <u>Altadena</u></p> <p>State <u>California</u> ZIP Code + 4 <u>91001</u></p>	<p>14.a. Nature of payment.</p> <p><u>Expenses incurred to attend the semi-annual management association (LAP-FCA) installation of officers dinner event January 15, 2005</u></p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <u>\$292</u></p>

Name of Person Filing Wiley Zagajski

File Number U-

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Southern California Painters & Dec., LMCC

Trade Name, if any: LMCC

P.O. Box, Bldg., Room No., if any Suite 229

Street 2333 N. Lake Ave.

City Altadena

State California ZIP Code + 4 91002

14.a. Nature of payment.

Expenses incurred to attend the employer association annual state PDCC convention event held February 25-27, 2005, Sacramento, CA.

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$678.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Southern California Painters & Dec., LMCC

Trade Name, if any: LMCC

P.O. Box, Bldg., Room No., if any Suite 220

Street 2333 N. Lake Avenue

City Altadena

State California ZIP Code + 4 91001

14.a. Nature of payment.

registration fee to attend the employer association annual day at the races event held April 2, 2005, Arcadia, CA.

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$76

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Southern California Painters & Dec., LMCC

Trade Name, if any: LMCC

P.O. Box, Bldg., Room No., if any Suite 220

Street 2333 N. Lake Avenue

City Altadena

State California ZIP Code + 4 91001

14.a. Nature of payment.

Expense to attend the Building Industry Association's Annual Q Awards (luncheon) held June 15, 2005, Carson, CA.

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$30

Name of Person Filing Wiley Zagajeski

File Number U-

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name So. California Painters & Dec., IMCC

Trade Name, if any: LMCC

P.O. Box, Bldg., Room No., if any Suite 220

Street 2333 N. Lake Avenue

City Altadena

State California ZIP Code + 4 91001

14.a. Nature of payment.

Expenses incurred for attending the State Employer Association (PDCC) annual Labor - Management Day event held July 14 - 16 2005, Monterey CA.

13.b. Is the Business an Employer ☒ or Consultant ?

14.b. Amount of payment.

\$593

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name So California Painters & Decorators LMCC

Trade Name, if any: LMCC

P.O. Box, Bldg., Room No., if any Suite 220

Street 2333 N. Lake Ave

City Altadena

State California ZIP Code + 4 91001

14.a. Nature of payment.

Expense incurred to attend the employer association annual holiday event held November 18, 2005, Long Beach, CA.

13.b. Is the Business an Employer ☒ or Consultant ?

14.b. Amount of payment.

\$70

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

14.b. Amount of payment

13.b. Is the Business an Employer or Consultant ?

Wiley G. Zagajeski Reporting period ending December 31, 2005

DISCLAIMER

The transactions, dealings and interest that are detailed in the attached Form LM 30 represent my good faith effort to reconstruct the reportable occurrences for the periods of January 1, 2005 to December 31, 2005. If it comes to my attention that items may have been unintentionally omitted with respect to a transaction, dealing or interest that should have been reported for the period January 1, 2005 to December 31, 2005, I will file an amended Form LM-30.

LM30disclaimer